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NO. 1943 P. 13

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PTO/SB/22(10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.		136(a)	Docket Number (Optional) FA1022 US NA			
In re Application of: Frank-Rainer Bohm et al.						
	Application Number	094	913,999	Filed: August 20, 2001		
	For: Coating Composition for Meta involving the Use Thereof			inductors and Coating Process		
	Group Art Unit 1711		miner anie Bissett			
This is a request under the provision reply in the above identified applicat		to ex	tend the perio	od for filing a		
The requested extension and approj (check time period desired):	priate non-small-entity	fee	are as follows			
☐ One month (37 CFR	1.17(a)(1))			\$ <u>110.00</u>		
			\$_430.00			
☐ Three months (37 CF	☐ Three months (37 CFR 1.17(a)(3))			\$ <u>980.00</u>		
Four months (37 CFR 1.17(a)(4))				\$ <u>1450.00</u>		
☐ Five months (37 CFF	R 1.17(a)(5))			\$ <u>1970.00</u>		
Applicant claims small entity status. See 37 CFR 1.27 Therefore, the fee amount shown						
above is reduced by one-ha		e is:	\$			
A check in the amount of the Payment by credit card. For		ايم				
☐ The Commissioner has alrea			rge fees in this	s .		
application to a Deposit Acc	-	- 57		_		
The Commissioner is hereby	authorized to charge	any	fees which ma	ay be required.		
or credit any overpayment,	•	ambe	r <u>04-1928</u> .			
I have enclosed a duplicate I am the applicant/inventor.	copy of this sheet.					
☐ assignee of record of the	entire interest. See :	37 C	FR 3.71			
Statement under 37 Ci		- 1		98).		
attorney or agent of reco	rd.					
attorney or agent under:	37 CFR 1.34(a).					
Registration number	if acting under 37 CF	R 1.\$	4(a). 51,574.			
WARNING: Information on this fo included on this form. Provide c	orm may become put redit card informatio	olic. n an	Credit card in d authorization	nformation should not be on on PTO-2038.		
·			/			
November 1, 2004			1 /1			
Date				Signature		
			- 4	Jacqueline M. Cohen ped or printed name		
NOTE: Signatures of all the inventors or assig multiple forms if more than one signature is requ	nees of record of the enti- ulred, see below*.	re inte	erest or their rep	resentative(s) are required. Submit		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to be Chief Information Officer, U.S. Paleau and Tradement Orlice, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1460, Alexandria, VA 22313-1460.

PTO/S8/17 (11-01)
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Under the Paperwork Reduction Act of 1995, no persons are required to a	respona u	a coae	can or	iutotui	and unless it displays a valid OMS control number		
FEE TRANSMITTAL					Complete If Known		
		Application Number			09/913,999		
for FY 2004		Filing Date			August 20, 2001		
Patent fees are subject to annual revision.		First Named Inventor			Frank-Rainer Bohm		
		Examiner Name			Melanie Bissett		
Applicant Claims small entity status. See 37 CFR 1.27		Group Art Unit			1711		
TOTAL AMOUNT OF PAYMENT (5) 430.00		Altorney Docket No.			FA1022 US NA		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Check Credii card Money Order Other None	3. ADD	TIONA		Entity			
☑ Deposil Account:	Féé Code	Fre (\$)	Fee Code	Fee (5)	Fee Description Paid		
Deposit Account 04-1928	105	130	205	86	Surcharge → late filling fee or oath		
Number	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account E. I. du Pont de Nemours and Company	139	130	139	130	Non-English specification		
Name	147	2,620 920*	147 112	2,820 920°	For filing a request for reexamination Requesting publication of SIR prior to		
The Commissioner is authorized to: (check all that apply)					Examiner action		
Chargo fee(s) Indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application		1,840*	113	1,840*	Exeminer action		
Charge (ee(s) indicated below, except for the filling (see to the	115	110	215	55	Extension for reply within first month		
above-identified deposit account	116	430 980	218 217	215 490	Extension for riply within second month 430:00 Extension for riply within third month		
FEE CALCULATION	11B	1,530	218	765	Extension for reply within fourth month		
1. BASIC FILING FEE Large Entity Small Entity	128	2,080	228	1,040			
Fac Foo Fee Foo Fee Description	119	340	219 220	170 170	Notice of Appeal		
Code (8) Code (8) Fee Paid	120	340	220	150	Filing a brief in support of an appeal Request for oral hearing		
101 790 201 396 Utility filing fire	138	1,510	138	1,510	Petition to institute a public use		
108 350 206 175 Design filing fee	140	110	240	55	proceeding Petition to revive - unavoidable		
106 790 208 395 Reissue filing tee	141	1,370	241	685	Petition to revive - unintentional		
114 160 214 80 Provisional filling fee	142	370	242	885	Utility issue fee (or reissue)		
	143	490	243	245	Désign issue foe		
SUBTOTAL (1) (5)	144	130	244 122	330 130	Plant Issue fee Petitions to the Commissioner		
2. EXTRA CLAIM FEES		50	123	50	Processing fee under 37 CFR 1.17(q)		
Extre Fee from Fee Ctairne below Paid	123	180	126	160	Submission of Information Disclosure		
otal Claims -20 = X 1B =	581	40	581	40	Stret Recording each patent assignment per property (times number of properties)		
71aims X 88 77	146	790	246	395	Filing a aubmission after final rejection		
Multiple X 300 = 0		790	249	395	(37 ČFR § 1.129(a)) For each additional invention to be examined (37 CFR § 1.129(b))		
Large Entity Small Entity	179	790	279	395	Request for Continued Examination		
Code (\$) Code (\$) Fee Description	189	900	169	900	(RCE) Request for expedited examination of a		
103 18 203 9 Ctalms in excess of 20 102 88 202 44 Independent claims in excess of 3		~~	103		design application		
102 88 202 44 Independent claims in excess of 3 104 300 204 150 Multiple dependent disim, if not paid	Other fe	enes	16.0				
ting 86 209 44 ** Reissue Independent claims over	Ouron Ne	Cobec	·"		L		
original patent							
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\$UBTOTAL (2) (3) 0							
"or number previously paid, if greater, Par Relaures, see above		by Ba	sic Filling	Fee Pa	aid SUBTOTAL (3) (5) 430,00		
SUBMITTED BY			.,		Complete (If applicable)		
Name (PrinVType) Jecquelina M. Cohen Registration N	o. Allome	ø/Agent	61,5	74	Talephone (302) 984-6089		
Signature					Date November 1, 2004		
WARNING: Information or this terminal become public. Credit card inform	nation sh	ould no	t be incl	uded or	n this form. Provide credit card		

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